



# Nebraska Application for Computer Reporting

FORM  
**4419N**

• Read instructions on reverse side

ORGANIZATION NAME AND MAILING ADDRESS		AUTHORIZED REPRESENTATIVE NAME					
<b>1</b> Name		<b>2</b> Name of Person to Contact Regarding this Request					
Street or Other Mailing Address		Title					
City	State	Zip Code	Telephone Number (including Area Code) (     )				
<b>3</b> Federal Identification Number	<b>4</b> Nebraska Identification Number	<b>5</b> End of Reporting Period					
<b>6</b> Media or Computer Print-Out Format Requested (Check appropriate block)		<b>ESTIMATED VOLUME OF PAYEES</b>					
<input type="checkbox"/> SSA Magnetic Media Reporting Plan <input type="checkbox"/> W-2		<b>Form</b>	<b>Magnetic Media</b>	<b>Diskettes/ CD-R</b>	<b>Computer Print-Out</b>	<b>Paper Documents</b>	<b>Combined Fed/State Filing</b>
<input type="checkbox"/> Computer Print-Out <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099-R <input type="checkbox"/> 1099-MISC		W-2:					
<input type="checkbox"/> IRS Publication 1220 Plan <input type="checkbox"/> 1099-MISC <input type="checkbox"/> 1099-R <input type="checkbox"/> W-2G		W-2G:					
<input type="checkbox"/> Combined Federal/State Filing Program <input type="checkbox"/> 1099-MISC <input type="checkbox"/> 1099-R		1099-R:					
		1099-MISC:					

CARTRIDGE CHARACTERISTICS			
Type	Labeling	Density	Recording Code
Name, Address, City, State, Zip Code of Person to Whom Cartridge Should Be Returned			

DISKETTE/CD-R CHARACTERISTICS	
Size	Operating System

TO BE COMPLETED BY AGENTS FILING FOR MULTIPLE EMPLOYERS		
Employer	Federal I.D. Number	Nebraska I.D. Number

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign  
here** ▶

Authorized Signature

Title

Date

**FOR NEBRASKA DEPARTMENT OF REVENUE USE ONLY**

☐ APPROVED

COMMENTS: \_\_\_\_\_

☐ DISAPPROVED

▶ Authorized Signature

Date

Mail this application to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818**

8-482-1990 Rev. 11-2003  
Supersedes 8-482-1990 Rev. 10-2002

## INSTRUCTIONS

**WHO MUST FILE.** Employers or agents who desire to file Form W-2, 1099-R, W-2G, or 1099-MISC in the form of magnetic media, Combined Federal/State Filing, or computer print-out must file the Nebraska Application for Computer Reporting, Form 4419N.

Once authorization for magnetic media or computer print-out reporting has been granted, such approval will continue in effect, providing requirements continue to be met. New applications are required if users produce cartridges requiring conversion, or if magnetic media, Combined Federal/State Filing, or computer print-out reporting is discontinued and then resumed.

**WHEN AND WHERE TO FILE.** Employers or agents desiring to file magnetic media, Combined Federal/State Filing, or computer print-out in lieu of Forms W-2, 1099-R, W-2G, or 1099-MISC must submit Form 4419N in duplicate to the Nebraska Department of Revenue, P.O. Box 94818, Lincoln, Nebraska 68509-4818.

### SPECIFIC INSTRUCTIONS

**LINE 1.** Enter the name and address of the organization that is making the request to file Forms W-2, 1099-R, W-2G, or 1099-MISC.

**LINE 2.** Enter the name, title, and telephone number of the person to contact regarding type of information being submitted and magnetic media characteristics.

**LINE 6.** The Nebraska Department of Revenue will consider either computer print-out or magnetic media using specifications outlined in Nebraska Department of Revenue Information Guide 21MMREF, Nebraska Department of Revenue Information Guide 21CM, and Magnetic Media Reporting (W-2) SSA Pub. No. MMREF-1, or Requirements and Conditions for Filing Information Returns on Magnetic Media, IRS Pub. 1220 (W-2G, 1099-R, or 1099-MISC).

**COMBINED FEDERAL/STATE FILING.** The Nebraska Department of Revenue participates in the Internal Revenue Service Combined Federal/State Filing program, for filing 1099-MISC (Miscellaneous Income) and 1099-R (Recipients of Annuities, Pensions, Retired Pay, or IRA payments) information. Approval from the IRS is required to participate in the Combined Federal/State Filing program. Please refer to the Combined Federal/State Filing program section of IRS Publication 1220 for current IRS guidelines.

**ESTIMATED VOLUME.** Enter the estimated number of Forms W-2, 1099-R, W-2G, or 1099-MISC to be reported on magnetic media, Combined Federal/State Filing, or computer print-out, and the estimated number of Forms W-2, 1099-R, W-2G, or 1099-MISC to be reported on paper forms.

**AUTHORIZED SIGNATURE.** This application must be signed by the taxpayer, partner, or corporate officer. If the taxpayer authorizes another person to sign the application, there must be a power of attorney on file with the department.